

SB1951



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB1951

Introduced 2/26/2021, by Sen. Emil Jones, III

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides for the licensure of naturopathic physicians. Makes conforming changes in various other Acts. Effective immediately.

LRB102 13813 SPS 19163 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Findings. The General Assembly finds that:

5 (1) naturopathic medicine is not currently regulated
6 in Illinois, and needs to be on the principles of freedom
7 of choice in healthcare and consumer protection;

8 (2) naturopathic physicians are trained alongside and
9 at the same standard as chiropractic physicians in
10 Illinois;

11 (3) naturopathic medicine has a federally recognized
12 accreditation agency, the Council on Naturopathic Medical
13 Education, which makes identification of properly
14 credentialed individuals simple and straightforward;

15 (4) naturopathic medicine has a common licensing
16 examination used across North America, the Naturopathic
17 Physicians Licensing Examinations (NPLEX); and

18 (5) citizens of Illinois are obtaining the credentials
19 for naturopathic physicians but do not currently have a
20 legislative framework that allows them to practice in the
21 State.

22 Section 5. The Geriatric Medicine Assistance Act is
23 amended by changing Section 2 as follows:

1 (20 ILCS 3945/2) (from Ch. 144, par. 2002)

2 Sec. 2. There is created the Geriatric Medicine Assistance
3 Commission. The Commission shall receive and approve
4 applications for grants from schools, recognized by the
5 Department of Professional Regulation as being authorized to
6 confer doctor of medicine, doctor of osteopathy, doctor of
7 chiropractic, doctor of naturopathic medicine, or registered
8 professional nursing degrees in the State, to help finance the
9 establishment of geriatric medicine programs within such
10 schools. In determining eligibility for grants, the Commission
11 shall give preference to those programs which exhibit the
12 greatest potential for directly benefiting the largest number
13 of elderly citizens in the State. The Commission may not
14 approve the application of any institution which is unable to
15 demonstrate its current financial stability and reasonable
16 prospects for future stability. No institution which fails to
17 possess and maintain an open policy with respect to race,
18 creed, color and sex as to admission of students, appointment
19 of faculty and employment of staff shall be eligible for
20 grants under this Act. The Commission shall establish such
21 rules and standards as it deems necessary for the
22 implementation of this Act.

23 The Commission shall be composed of 8 members selected as
24 follows: 2 physicians licensed to practice under the Medical
25 Practice Act of 1987 and specializing in geriatric medicine; a

1 registered professional nurse licensed under the Nurse
2 Practice Act and specializing in geriatric health care; 2
3 representatives of organizations interested in geriatric
4 medicine or the care of the elderly; and 3 individuals 60 or
5 older who are interested in geriatric health care or the care
6 of the elderly. The members of the Commission shall be
7 selected by the Governor from a list of recommendations
8 submitted to him by organizations concerned with geriatric
9 medicine or the care of the elderly.

10 The terms of the members of the Commission shall be 4
11 years, except that of the members initially appointed, 2 shall
12 be designated to serve until January 1, 1986, 3 until January
13 1, 1988, and 2 until January 1, 1990. Members of the Commission
14 shall receive no compensation, but shall be reimbursed for
15 actual expenses incurred in carrying out their duties.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 Section 10. The School Code is amended by changing
18 Sections 24-6 and 26-1 as follows:

19 (105 ILCS 5/24-6)

20 Sec. 24-6. Sick leave. The school boards of all school
21 districts, including special charter districts, but not
22 including school districts in municipalities of 500,000 or
23 more, shall grant their full-time teachers, and also shall
24 grant such of their other employees as are eligible to

1 participate in the Illinois Municipal Retirement Fund under
2 the "600-Hour Standard" established, or under such other
3 eligibility participation standard as may from time to time be
4 established, by rules and regulations now or hereafter
5 promulgated by the Board of that Fund under Section 7-198 of
6 the Illinois Pension Code, as now or hereafter amended, sick
7 leave provisions not less in amount than 10 days at full pay in
8 each school year. If any such teacher or employee does not use
9 the full amount of annual leave thus allowed, the unused
10 amount shall be allowed to accumulate to a minimum available
11 leave of 180 days at full pay, including the leave of the
12 current year. Sick leave shall be interpreted to mean personal
13 illness, quarantine at home, serious illness or death in the
14 immediate family or household, or birth, adoption, or
15 placement for adoption. The school board may require a
16 certificate from a physician licensed in Illinois to practice
17 medicine and surgery in all its branches, a chiropractic
18 physician or naturopathic physician licensed under the Medical
19 Practice Act of 1987, a licensed advanced practice registered
20 nurse, a licensed physician assistant, or, if the treatment is
21 by prayer or spiritual means, a spiritual adviser or
22 practitioner of the teacher's or employee's faith as a basis
23 for pay during leave after an absence of 3 days for personal
24 illness or 30 days for birth or as the school board may deem
25 necessary in other cases. If the school board does require a
26 certificate as a basis for pay during leave of less than 3 days

1 for personal illness, the school board shall pay, from school
2 funds, the expenses incurred by the teachers or other
3 employees in obtaining the certificate. For paid leave for
4 adoption or placement for adoption, the school board may
5 require that the teacher or other employee provide evidence
6 that the formal adoption process is underway, and such leave
7 is limited to 30 days unless a longer leave has been negotiated
8 with the exclusive bargaining representative.

9 If, by reason of any change in the boundaries of school
10 districts, or by reason of the creation of a new school
11 district, the employment of a teacher is transferred to a new
12 or different board, the accumulated sick leave of such teacher
13 is not thereby lost, but is transferred to such new or
14 different district.

15 For purposes of this Section, "immediate family" shall
16 include parents, spouse, brothers, sisters, children,
17 grandparents, grandchildren, parents-in-law, brothers-in-law,
18 sisters-in-law, and legal guardians.

19 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

20 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

21 Sec. 26-1. Compulsory school age; exemptions. Whoever has
22 custody or control of any child (i) between the ages of 7 and
23 17 years (unless the child has already graduated from high
24 school) for school years before the 2014-2015 school year or
25 (ii) between the ages of 6 (on or before September 1) and 17

1 years (unless the child has already graduated from high
2 school) beginning with the 2014-2015 school year shall cause
3 such child to attend some public school in the district
4 wherein the child resides the entire time it is in session
5 during the regular school term, except as provided in Section
6 10-19.1, and during a required summer school program
7 established under Section 10-22.33B; provided, that the
8 following children shall not be required to attend the public
9 schools:

10 1. Any child attending a private or a parochial school
11 where children are taught the branches of education taught
12 to children of corresponding age and grade in the public
13 schools, and where the instruction of the child in the
14 branches of education is in the English language;

15 2. Any child who is physically or mentally unable to
16 attend school, such disability being certified to the
17 county or district truant officer by a competent physician
18 licensed in Illinois to practice medicine and surgery in
19 all its branches, a chiropractic physician or naturopathic
20 physician licensed under the Medical Practice Act of 1987,
21 a licensed advanced practice registered nurse, a licensed
22 physician assistant, or a Christian Science practitioner
23 residing in this State and listed in the Christian Science
24 Journal; or who is excused for temporary absence for cause
25 by the principal or teacher of the school which the child
26 attends; the exemptions in this paragraph (2) do not apply

1 to any female who is pregnant or the mother of one or more
2 children, except where a female is unable to attend school
3 due to a complication arising from her pregnancy and the
4 existence of such complication is certified to the county
5 or district truant officer by a competent physician;

6 3. Any child necessarily and lawfully employed
7 according to the provisions of the law regulating child
8 labor may be excused from attendance at school by the
9 county superintendent of schools or the superintendent of
10 the public school which the child should be attending, on
11 certification of the facts by and the recommendation of
12 the school board of the public school district in which
13 the child resides. In districts having part-time
14 continuation schools, children so excused shall attend
15 such schools at least 8 hours each week;

16 4. Any child over 12 and under 14 years of age while in
17 attendance at confirmation classes;

18 5. Any child absent from a public school on a
19 particular day or days or at a particular time of day for
20 the reason that he is unable to attend classes or to
21 participate in any examination, study or work requirements
22 on a particular day or days or at a particular time of day,
23 because the tenets of his religion forbid secular activity
24 on a particular day or days or at a particular time of day.
25 Each school board shall prescribe rules and regulations
26 relative to absences for religious holidays including, but

1 not limited to, a list of religious holidays on which it
2 shall be mandatory to excuse a child; but nothing in this
3 paragraph 5 shall be construed to limit the right of any
4 school board, at its discretion, to excuse an absence on
5 any other day by reason of the observance of a religious
6 holiday. A school board may require the parent or guardian
7 of a child who is to be excused from attending school due
8 to the observance of a religious holiday to give notice,
9 not exceeding 5 days, of the child's absence to the school
10 principal or other school personnel. Any child excused
11 from attending school under this paragraph 5 shall not be
12 required to submit a written excuse for such absence after
13 returning to school;

14 6. Any child 16 years of age or older who (i) submits
15 to a school district evidence of necessary and lawful
16 employment pursuant to paragraph 3 of this Section and
17 (ii) is enrolled in a graduation incentives program
18 pursuant to Section 26-16 of this Code or an alternative
19 learning opportunities program established pursuant to
20 Article 13B of this Code;

21 7. A child in any of grades 6 through 12 absent from a
22 public school on a particular day or days or at a
23 particular time of day for the purpose of sounding "Taps"
24 at a military honors funeral held in this State for a
25 deceased veteran. In order to be excused under this
26 paragraph 7, the student shall notify the school's

1 administration at least 2 days prior to the date of the
2 absence and shall provide the school's administration with
3 the date, time, and location of the military honors
4 funeral. The school's administration may waive this 2-day
5 notification requirement if the student did not receive at
6 least 2 days advance notice, but the student shall notify
7 the school's administration as soon as possible of the
8 absence. A student whose absence is excused under this
9 paragraph 7 shall be counted as if the student attended
10 school for purposes of calculating the average daily
11 attendance of students in the school district. A student
12 whose absence is excused under this paragraph 7 must be
13 allowed a reasonable time to make up school work missed
14 during the absence. If the student satisfactorily
15 completes the school work, the day of absence shall be
16 counted as a day of compulsory attendance and he or she may
17 not be penalized for that absence; and

18 8. Any child absent from a public school on a
19 particular day or days or at a particular time of day for
20 the reason that his or her parent or legal guardian is an
21 active duty member of the uniformed services and has been
22 called to duty for, is on leave from, or has immediately
23 returned from deployment to a combat zone or
24 combat-support postings. Such a student shall be granted 5
25 days of excused absences in any school year and, at the
26 discretion of the school board, additional excused

1 absences to visit the student's parent or legal guardian
2 relative to such leave or deployment of the parent or
3 legal guardian. In the case of excused absences pursuant
4 to this paragraph 8, the student and parent or legal
5 guardian shall be responsible for obtaining assignments
6 from the student's teacher prior to any period of excused
7 absence and for ensuring that such assignments are
8 completed by the student prior to his or her return to
9 school from such period of excused absence.

10 (Source: P.A. 99-173, eff. 7-29-15; 99-804, eff. 1-1-17;
11 100-185, eff. 8-18-17; 100-513, eff. 1-1-18; 100-863, eff.
12 8-14-18.)

13 Section 15. The Illinois Insurance Code is amended by
14 changing Section 122-1 as follows:

15 (215 ILCS 5/122-1) (from Ch. 73, par. 734-1)

16 Sec. 122-1. The authority and jurisdiction of Insurance
17 Department. Notwithstanding any other provision of law, and
18 except as provided herein, any person or other entity which
19 provides coverage in this State for medical, surgical,
20 chiropractic, naturopathic, naprapathic, physical therapy,
21 speech pathology, audiology, professional mental health,
22 dental, hospital, ophthalmologic, or optometric expenses,
23 whether such coverage is by direct-payment, reimbursement, or
24 otherwise, shall be presumed to be subject to the jurisdiction

1 of the Department unless the person or other entity shows that
2 while providing such coverage it is subject to the
3 jurisdiction of another agency of this State, any subdivision
4 of this State, or the federal government, or is a plan of
5 self-insurance or other employee welfare benefit program of an
6 individual employer or labor union established or maintained
7 under or pursuant to a collective bargaining agreement or
8 other arrangement which provides for health care services
9 solely for its employees or members and their dependents.

10 (Source: P.A. 90-7, eff. 6-10-97.)

11 Section 20. The Medical Practice Act of 1987 is amended by
12 changing Sections 2, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19,
13 22, 24, 33, and 34 as follows:

14 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

15 (Section scheduled to be repealed on January 1, 2022)

16 Sec. 2. Definitions. For purposes of this Act, the
17 following definitions shall have the following meanings,
18 except where the context requires otherwise:

19 "Act" means the Medical Practice Act of 1987.

20 "Address of record" means the designated address recorded
21 by the Department in the applicant's or licensee's application
22 file or license file as maintained by the Department's
23 licensure maintenance unit.

24 "Approved naturopathic medical program" means a

1 naturopathic medical education program accredited or granted
2 candidacy status by the United States Council on Naturopathic
3 Medical Education, or an equivalent federally recognized
4 accrediting body for the naturopathic medical profession
5 recognized by the Board, that offers graduate-level,
6 full-time, didactic, and supervised clinical training of at
7 least 4,200 hours in length leading to the degree of Doctor of
8 Naturopathy or Doctor of Naturopathic Medicine and is part of
9 an institution of higher education that is either accredited
10 or is a candidate for accreditation by a regional
11 institutional accrediting agency recognized by the United
12 States Secretary of Education or eligible for student loans in
13 Canada.

14 "Chiropractic physician" means a person licensed to treat
15 human ailments without the use of drugs and without operative
16 surgery. Nothing in this Act shall be construed to prohibit a
17 chiropractic physician from providing advice regarding the use
18 of non-prescription products or from administering atmospheric
19 oxygen. Nothing in this Act shall be construed to authorize a
20 chiropractic physician to prescribe drugs.

21 "Department" means the Department of Financial and
22 Professional Regulation.

23 "Disciplinary action" means revocation, suspension,
24 probation, supervision, practice modification, reprimand,
25 required education, fines or any other action taken by the
26 Department against a person holding a license.

1 "Disciplinary Board" means the Medical Disciplinary Board.

2 "Email address of record" means the designated email
3 address recorded by the Department in the applicant's
4 application file or the licensee's license file, as maintained
5 by the Department's licensure maintenance unit.

6 "Final determination" means the governing body's final
7 action taken under the procedure followed by a health care
8 institution, or professional association or society, against
9 any person licensed under the Act in accordance with the
10 bylaws or rules and regulations of such health care
11 institution, or professional association or society.

12 "Fund" means the Illinois State Medical Disciplinary Fund.

13 "Impaired" means the inability to practice medicine with
14 reasonable skill and safety due to physical or mental
15 disabilities as evidenced by a written determination or
16 written consent based on clinical evidence including
17 deterioration through the aging process or loss of motor
18 skill, or abuse of drugs or alcohol, of sufficient degree to
19 diminish a person's ability to deliver competent patient care.

20 "Licensing Board" means the Medical Licensing Board.

21 "Naturopathic physician" means a practitioner of
22 naturopathic medicine who has been properly licensed for that
23 purpose by the Department under this Act. "Naturopathic
24 physician" includes all titles and designations associated
25 with the practice of naturopathic medicine, including, "doctor
26 of naturopathic medicine", "doctor of naturopathy",

1 "naturopathic doctor", "naturopath", "naturopathic medical
2 doctor", "N.D.", "ND", "N.M.D.", and "NMD".

3 "Physician" means a person licensed under the Medical
4 Practice Act to practice medicine in all of its branches, a
5 naturopathic physician, or a chiropractic physician.

6 "Professional association" means an association or society
7 of persons licensed under this Act, and operating within the
8 State of Illinois, including but not limited to, medical
9 societies, osteopathic organizations, naturopathic
10 organizations, and chiropractic organizations, but this term
11 shall not be deemed to include hospital medical staffs.

12 "Program of care, counseling, or treatment" means a
13 written schedule of organized treatment, care, counseling,
14 activities, or education, satisfactory to the Disciplinary
15 Board, designed for the purpose of restoring an impaired
16 person to a condition whereby the impaired person can practice
17 medicine with reasonable skill and safety of a sufficient
18 degree to deliver competent patient care.

19 "Reinstate" means to change the status of a license from
20 inactive or nonrenewed status to active status.

21 "Restore" means to remove an encumbrance from a license
22 due to probation, suspension, or revocation.

23 "Secretary" means the Secretary of the Department of
24 Financial and Professional Regulation.

25 (Source: P.A. 99-933, eff. 1-27-17; 100-429, eff. 8-25-17.)

1 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

2 (Section scheduled to be repealed on January 1, 2022)

3 Sec. 7. Medical Disciplinary Board.

4 (A) There is hereby created the Illinois State Medical
5 Disciplinary Board. The Disciplinary Board shall consist of 12
6 ~~11~~ members, to be appointed by the Governor by and with the
7 advice and consent of the Senate. All members shall be
8 residents of the State, not more than 7 ~~6~~ of whom shall be
9 members of the same political party. All members shall be
10 voting members. Five members shall be physicians licensed to
11 practice medicine in all of its branches in Illinois
12 possessing the degree of doctor of medicine. One member shall
13 be a physician licensed to practice medicine in all its
14 branches in Illinois possessing the degree of doctor of
15 osteopathy or osteopathic medicine. One member shall be a
16 chiropractic physician licensed to practice in Illinois and
17 possessing the degree of doctor of chiropractic. One member
18 shall be a naturopathic physician licensed to practice in
19 Illinois and possessing the degree of naturopathic medicine.
20 Four members shall be members of the public, who shall not be
21 engaged in any way, directly or indirectly, as providers of
22 health care.

23 (B) Members of the Disciplinary Board shall be appointed
24 for terms of 4 years. Upon the expiration of the term of any
25 member, their successor shall be appointed for a term of 4
26 years by the Governor by and with the advice and consent of the

1 Senate. The Governor shall fill any vacancy for the remainder
2 of the unexpired term with the advice and consent of the
3 Senate. Upon recommendation of the Board, any member of the
4 Disciplinary Board may be removed by the Governor for
5 misfeasance, malfeasance, or wilful neglect of duty, after
6 notice, and a public hearing, unless such notice and hearing
7 shall be expressly waived in writing. Each member shall serve
8 on the Disciplinary Board until their successor is appointed
9 and qualified. No member of the Disciplinary Board shall serve
10 more than 2 consecutive 4 year terms.

11 In making appointments the Governor shall attempt to
12 insure that the various social and geographic regions of the
13 State of Illinois are properly represented.

14 In making the designation of persons to act for the
15 several professions represented on the Disciplinary Board, the
16 Governor shall give due consideration to recommendations by
17 members of the respective professions and by organizations
18 therein.

19 (C) The Disciplinary Board shall annually elect one of its
20 voting members as chairperson and one as vice chairperson. No
21 officer shall be elected more than twice in succession to the
22 same office. Each officer shall serve until their successor
23 has been elected and qualified.

24 (D) (Blank).

25 (E) Six voting members of the Disciplinary Board, at least
26 4 of whom are physicians, shall constitute a quorum. A vacancy

1 in the membership of the Disciplinary Board shall not impair
2 the right of a quorum to exercise all the rights and perform
3 all the duties of the Disciplinary Board. Any action taken by
4 the Disciplinary Board under this Act may be authorized by
5 resolution at any regular or special meeting and each such
6 resolution shall take effect immediately. The Disciplinary
7 Board shall meet at least quarterly.

8 (F) Each member, and member-officer, of the Disciplinary
9 Board shall receive a per diem stipend as the Secretary shall
10 determine. Each member shall be paid their necessary expenses
11 while engaged in the performance of their duties.

12 (G) The Secretary shall select a Chief Medical Coordinator
13 and not less than 2 Deputy Medical Coordinators who shall not
14 be members of the Disciplinary Board. Each medical coordinator
15 shall be a physician licensed to practice medicine in all of
16 its branches, and the Secretary shall set their rates of
17 compensation. The Secretary shall assign at least one medical
18 coordinator to a region composed of Cook County and such other
19 counties as the Secretary may deem appropriate, and such
20 medical coordinator or coordinators shall locate their office
21 in Chicago. The Secretary shall assign at least one medical
22 coordinator to a region composed of the balance of counties in
23 the State, and such medical coordinator or coordinators shall
24 locate their office in Springfield. The Chief Medical
25 Coordinator shall be the chief enforcement officer of this
26 Act. None of the functions, powers, or duties of the

1 Department with respect to policies regarding enforcement or
2 discipline under this Act, including the adoption of such
3 rules as may be necessary for the administration of this Act,
4 shall be exercised by the Department except upon review of the
5 Disciplinary Board.

6 The Secretary shall employ, in conformity with the
7 Personnel Code, investigators who are college graduates with
8 at least 2 years of investigative experience or one year of
9 advanced medical education. Upon the written request of the
10 Disciplinary Board, the Secretary shall employ, in conformity
11 with the Personnel Code, such other professional, technical,
12 investigative, and clerical help, either on a full or
13 part-time basis as the Disciplinary Board deems necessary for
14 the proper performance of its duties.

15 (H) Upon the specific request of the Disciplinary Board,
16 signed by either the chairperson, vice chairperson, or a
17 medical coordinator of the Disciplinary Board, the Department
18 of Human Services, the Department of Healthcare and Family
19 Services, the Department of State Police, or any other law
20 enforcement agency located in this State shall make available
21 any and all information that they have in their possession
22 regarding a particular case then under investigation by the
23 Disciplinary Board.

24 (I) Members of the Disciplinary Board shall be immune from
25 suit in any action based upon any disciplinary proceedings or
26 other acts performed in good faith as members of the

1 Disciplinary Board.

2 (J) The Disciplinary Board may compile and establish a
3 statewide roster of physicians and other medical
4 professionals, including the several medical specialties, of
5 such physicians and medical professionals, who have agreed to
6 serve from time to time as advisors to the medical
7 coordinators. Such advisors shall assist the medical
8 coordinators or the Disciplinary Board in their investigations
9 and participation in complaints against physicians. Such
10 advisors shall serve under contract and shall be reimbursed at
11 a reasonable rate for the services provided, plus reasonable
12 expenses incurred. While serving in this capacity, the
13 advisor, for any act undertaken in good faith and in the
14 conduct of his or her duties under this Section, shall be
15 immune from civil suit.

16 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

17 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

18 (Section scheduled to be repealed on January 1, 2022)

19 Sec. 8. Medical Licensing Board.

20 (A) There is hereby created a Medical Licensing Board. The
21 Licensing Board shall be composed of 8 ~~7~~ members, to be
22 appointed by the Governor by and with the advice and consent of
23 the Senate; 5 of whom shall be reputable physicians licensed
24 to practice medicine in all of its branches in Illinois,
25 possessing the degree of doctor of medicine; one member shall

1 be a reputable physician licensed in Illinois to practice
2 medicine in all of its branches, possessing the degree of
3 doctor of osteopathy or osteopathic medicine; one member shall
4 be a reputable naturopathic physician licensed to practice in
5 Illinois and possessing the degree of doctor of naturopathic
6 medicine; and one member shall be a reputable chiropractic
7 physician licensed to practice in Illinois and possessing the
8 degree of doctor of chiropractic. Of the 5 members holding the
9 degree of doctor of medicine, one shall be a full-time or
10 part-time teacher of professorial rank in the clinical
11 department of an Illinois school of medicine.

12 (B) Members of the Licensing Board shall be appointed for
13 terms of 4 years, and until their successors are appointed and
14 qualified. Appointments to fill vacancies shall be made in the
15 same manner as original appointments, for the unexpired
16 portion of the vacated term. No more than 4 members of the
17 Licensing Board shall be members of the same political party
18 and all members shall be residents of this State. No member of
19 the Licensing Board may be appointed to more than 2 successive
20 4 year terms.

21 (C) Members of the Licensing Board shall be immune from
22 suit in any action based upon any licensing proceedings or
23 other acts performed in good faith as members of the Licensing
24 Board.

25 (D) (Blank).

26 (E) The Licensing Board shall annually elect one of its

1 members as chairperson and one as vice chairperson. No member
2 shall be elected more than twice in succession to the same
3 office. Each officer shall serve until his or her successor
4 has been elected and qualified.

5 (F) None of the functions, powers or duties of the
6 Department with respect to policies regarding licensure and
7 examination under this Act, including the promulgation of such
8 rules as may be necessary for the administration of this Act,
9 shall be exercised by the Department except upon review of the
10 Licensing Board.

11 (G) The Licensing Board shall receive the same
12 compensation as the members of the Disciplinary Board, which
13 compensation shall be paid out of the Illinois State Medical
14 Disciplinary Fund.

15 (Source: P.A. 97-622, eff. 11-23-11.)

16 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

17 (Section scheduled to be repealed on January 1, 2022)

18 Sec. 9. Application for license. Each applicant for a
19 license shall:

20 (A) Make application on blank forms prepared and
21 furnished by the Department.

22 (B) Submit evidence satisfactory to the Department
23 that the applicant:

24 (1) is of good moral character. In determining
25 moral character under this Section, the Department may

1 take into consideration whether the applicant has
2 engaged in conduct or activities which would
3 constitute grounds for discipline under this Act. The
4 Department may also request the applicant to submit,
5 and may consider as evidence of moral character,
6 endorsements from 2 or 3 individuals licensed under
7 this Act;

8 (2) has the preliminary and professional education
9 required by this Act;

10 (3) (blank); and

11 (4) is physically, mentally, and professionally
12 capable of practicing medicine with reasonable
13 judgment, skill, and safety. In determining physical
14 and mental capacity under this Section, the Licensing
15 Board may, upon a showing of a possible incapacity or
16 conduct or activities that would constitute grounds
17 for discipline under this Act, compel any applicant to
18 submit to a mental or physical examination and
19 evaluation, or both, as provided for in Section 22 of
20 this Act. The Licensing Board may condition or
21 restrict any license, subject to the same terms and
22 conditions as are provided for the Disciplinary Board
23 under Section 22 of this Act. Any such condition of a
24 restricted license shall provide that the Chief
25 Medical Coordinator or Deputy Medical Coordinator
26 shall have the authority to review the subject

1 physician's compliance with such conditions or
2 restrictions, including, where appropriate, the
3 physician's record of treatment and counseling
4 regarding the impairment, to the extent permitted by
5 applicable federal statutes and regulations
6 safeguarding the confidentiality of medical records of
7 patients.

8 In determining professional capacity under this
9 Section, an individual may be required to complete such
10 additional testing, training, or remedial education as the
11 Licensing Board may deem necessary in order to establish
12 the applicant's present capacity to practice medicine with
13 reasonable judgment, skill, and safety. The Licensing
14 Board may consider the following criteria, as they relate
15 to an applicant, as part of its determination of
16 professional capacity:

17 (1) Medical research in an established research
18 facility, hospital, college or university, or private
19 corporation.

20 (2) Specialized training or education.

21 (3) Publication of original work in learned,
22 medical, or scientific journals.

23 (4) Participation in federal, State, local, or
24 international public health programs or organizations.

25 (5) Professional service in a federal veterans or
26 military institution.

1 (6) Any other professional activities deemed to
2 maintain and enhance the clinical capabilities of the
3 applicant.

4 Any applicant applying for a license to practice
5 medicine in all of its branches, for a license as a
6 naturopathic physician, or for a license as a chiropractic
7 physician who has not been engaged in the active practice
8 of medicine or has not been enrolled in a medical program
9 for 2 years prior to application must submit proof of
10 professional capacity to the Licensing Board.

11 Any applicant applying for a temporary license that
12 has not been engaged in the active practice of medicine or
13 has not been enrolled in a medical program for longer than
14 5 years prior to application must submit proof of
15 professional capacity to the Licensing Board.

16 (C) Designate specifically the name, location, and
17 kind of professional school, college, or institution of
18 which the applicant is a graduate and the category under
19 which the applicant seeks, and will undertake, to
20 practice.

21 (D) Pay to the Department at the time of application
22 the required fees.

23 (E) Pursuant to Department rules, as required, pass an
24 examination authorized by the Department to determine the
25 applicant's fitness to receive a license.

26 (F) Complete the application process within 3 years

1 from the date of application. If the process has not been
2 completed within 3 years, the application shall expire,
3 application fees shall be forfeited, and the applicant
4 must reapply and meet the requirements in effect at the
5 time of reapplication.

6 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

7 (225 ILCS 60/10) (from Ch. 111, par. 4400-10)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 10. The Department shall:

10 (A) make rules for establishing reasonable minimum
11 standards of educational requirements to be observed by
12 medical, osteopathic, naturopathic, and chiropractic
13 colleges;

14 (B) effectuate the policy of the State of Illinois
15 that the quality of medical training is an appropriate
16 concern in the recruiting, licensing, credentialing and
17 participation in residency programs of physicians.
18 However, it is inappropriate to discriminate against any
19 physician because of national origin or geographic
20 location of medical education;

21 (C) formulate rules and regulations required for the
22 administration of this Act.

23 (Source: P.A. 86-573.)

24 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

1 (Section scheduled to be repealed on January 1, 2022)

2 Sec. 11. Minimum education standards. The minimum
3 standards of professional education to be enforced by the
4 Department in conducting examinations and issuing licenses
5 shall be as follows:

6 (A) Practice of medicine. For the practice of medicine
7 in all of its branches:

8 (1) For applications for licensure under
9 subsection (D) of Section 19 of this Act:

10 (a) that the applicant is a graduate of a
11 medical or osteopathic college in the United
12 States, its territories or Canada, that the
13 applicant has completed a 2 year course of
14 instruction in a college of liberal arts, or its
15 equivalent, and a course of instruction in a
16 medical or osteopathic college approved by the
17 Department or by a private, not for profit
18 accrediting body approved by the Department, and
19 in addition thereto, a course of postgraduate
20 clinical training of not less than 12 months as
21 approved by the Department; or

22 (b) that the applicant is a graduate of a
23 medical or osteopathic college located outside the
24 United States, its territories or Canada, and that
25 the degree conferred is officially recognized by
26 the country for the purposes of licensure, that

1 the applicant has completed a 2 year course of
2 instruction in a college of liberal arts or its
3 equivalent, and a course of instruction in a
4 medical or osteopathic college approved by the
5 Department, which course shall have been not less
6 than 132 weeks in duration and shall have been
7 completed within a period of not less than 35
8 months, and, in addition thereto, has completed a
9 course of postgraduate clinical training of not
10 less than 12 months, as approved by the
11 Department, and has complied with any other
12 standards established by rule.

13 For the purposes of this subparagraph (b) an
14 applicant is considered to be a graduate of a
15 medical college if the degree which is conferred
16 is officially recognized by that country for the
17 purposes of receiving a license to practice
18 medicine in all of its branches or a document is
19 granted by the medical college which certifies the
20 completion of all formal training requirements
21 including any internship and social service; or

22 (c) that the applicant has studied medicine at
23 a medical or osteopathic college located outside
24 the United States, its territories, or Canada,
25 that the applicant has completed a 2 year course
26 of instruction in a college of liberal arts or its

1 equivalent and all of the formal requirements of a
2 foreign medical school except internship and
3 social service, which course shall have been not
4 less than 132 weeks in duration and shall have
5 been completed within a period of not less than 35
6 months; that the applicant has submitted an
7 application to a medical college accredited by the
8 Liaison Committee on Medical Education and
9 submitted to such evaluation procedures, including
10 use of nationally recognized medical student tests
11 or tests devised by the individual medical
12 college, and that the applicant has satisfactorily
13 completed one academic year of supervised clinical
14 training under the direction of such medical
15 college; and, in addition thereto has completed a
16 course of postgraduate clinical training of not
17 less than 12 months, as approved by the
18 Department, and has complied with any other
19 standards established by rule.

20 (d) Any clinical clerkships must have been
21 completed in compliance with Section 10.3 of the
22 Hospital Licensing Act, as amended.

23 (2) Effective January 1, 1988, for applications
24 for licensure made subsequent to January 1, 1988,
25 under Sections 9 or 17 of this Act by individuals not
26 described in paragraph (3) of subsection (A) of

1 Section 11 who graduated after December 31, 1984:

2 (a) that the applicant: (i) graduated from a
3 medical or osteopathic college officially
4 recognized by the jurisdiction in which it is
5 located for the purpose of receiving a license to
6 practice medicine in all of its branches, and the
7 applicant has completed, as defined by the
8 Department, a 6 year postsecondary course of study
9 comprising at least 2 academic years of study in
10 the basic medical sciences; and 2 academic years
11 of study in the clinical sciences, while enrolled
12 in the medical college which conferred the degree,
13 the core rotations of which must have been
14 completed in clinical teaching facilities owned,
15 operated or formally affiliated with the medical
16 college which conferred the degree, or under
17 contract in teaching facilities owned, operated or
18 affiliated with another medical college which is
19 officially recognized by the jurisdiction in which
20 the medical school which conferred the degree is
21 located; or (ii) graduated from a medical or
22 osteopathic college accredited by the Liaison
23 Committee on Medical Education, the Committee on
24 Accreditation of Canadian Medical Schools in
25 conjunction with the Liaison Committee on Medical
26 Education, or the Bureau of Professional Education

1 of the American Osteopathic Association; and,
2 (iii) in addition thereto, has completed 24 months
3 of postgraduate clinical training, as approved by
4 the Department; or

5 (b) that the applicant has studied medicine at
6 a medical or osteopathic college located outside
7 the United States, its territories, or Canada,
8 that the applicant, in addition to satisfying the
9 requirements of subparagraph (a), except for the
10 awarding of a degree, has completed all of the
11 formal requirements of a foreign medical school
12 except internship and social service and has
13 submitted an application to a medical college
14 accredited by the Liaison Committee on Medical
15 Education and submitted to such evaluation
16 procedures, including use of nationally recognized
17 medical student tests or tests devised by the
18 individual medical college, and that the applicant
19 has satisfactorily completed one academic year of
20 supervised clinical training under the direction
21 of such medical college; and, in addition thereto,
22 has completed 24 months of postgraduate clinical
23 training, as approved by the Department, and has
24 complied with any other standards established by
25 rule.

26 (3) (Blank).

1 (4) Any person granted a temporary license
2 pursuant to Section 17 of this Act who shall
3 satisfactorily complete a course of postgraduate
4 clinical training and meet all of the requirements for
5 licensure shall be granted a permanent license
6 pursuant to Section 9.

7 (5) Notwithstanding any other provision of this
8 Section an individual holding a temporary license
9 under Section 17 of this Act shall be required to
10 satisfy the undergraduate medical and post-graduate
11 clinical training educational requirements in effect
12 on the date of their application for a temporary
13 license, provided they apply for a license under
14 Section 9 of this Act and satisfy all other
15 requirements of this Section while their temporary
16 license is in effect.

17 (B) Treating human ailments without drugs and without
18 operative surgery. For the practice of treating human
19 ailments without the use of drugs and without operative
20 surgery:

21 (1) For an applicant who was a resident student
22 and who is a graduate after July 1, 1926, of a
23 chiropractic college or institution, that such school,
24 college or institution, at the time of the applicant's
25 graduation required as a prerequisite to admission
26 thereto a 4 year course of instruction in a high

1 school, and, as a prerequisite to graduation
2 therefrom, a course of instruction in the treatment of
3 human ailments, of not less than 132 weeks in duration
4 and which shall have been completed within a period of
5 not less than 35 months except that as to students
6 matriculating or entering upon a course of
7 chiropractic study during the years 1940, 1941, 1942,
8 1943, 1944, 1945, 1946, and 1947, such elapsed time
9 shall be not less than 32 months, such high school and
10 such school, college or institution having been
11 reputable and in good standing in the judgment of the
12 Department.

13 (2) For an applicant who is a matriculant in a
14 chiropractic college after September 1, 1969, that
15 such applicant shall be required to complete a 2 year
16 course of instruction in a liberal arts college or its
17 equivalent and a course of instruction in a
18 chiropractic college in the treatment of human
19 ailments, such course, as a prerequisite to graduation
20 therefrom, having been not less than 132 weeks in
21 duration and shall have been completed within a period
22 of not less than 35 months, such college of liberal
23 arts and chiropractic college having been reputable
24 and in good standing in the judgment of the
25 Department.

26 (3) For an applicant who is a graduate of a United

1 States chiropractic college after August 19, 1981, the
2 college of the applicant must be fully accredited by
3 the Commission on Accreditation of the Council on
4 Chiropractic Education or its successor at the time of
5 graduation. Such graduates shall be considered to have
6 met the minimum requirements which shall be in
7 addition to those requirements set forth in the rules
8 and regulations promulgated by the Department.

9 (4) For an applicant who is a graduate of a
10 chiropractic college in another country; that such
11 chiropractic college be equivalent to the standards of
12 education as set forth for chiropractic colleges
13 located in the United States.

14 (C) Practice of naturopathic medicine. For the
15 practice of naturopathic medicine:

16 (1) For an applicant who is a graduate of an
17 approved naturopathic medical program, in accordance
18 with this Act, that he or she has successfully
19 completed a competency-based national naturopathic
20 licensing examination administered by the North
21 American Board of Naturopathic Examiners or an
22 equivalent agency, as recognized by the Department.

23 (2) For an applicant who is a graduate of a
24 degree-granting approved naturopathic medical program
25 prior to 1986, evidence of successful passage of a
26 State competency examination in a licensed state or a

1 Canadian provincial examination in a licensed or
2 regulated province approved by the Department in lieu
3 of passage of a national licensing examination.

4 (Source: P.A. 97-622, eff. 11-23-11.)

5 (225 ILCS 60/14) (from Ch. 111, par. 4400-14)

6 (Section scheduled to be repealed on January 1, 2022)

7 Sec. 14. Chiropractic students and naturopathic medicine
8 students.

9 (a) Candidates for the degree of doctor of chiropractic
10 enrolled in a chiropractic college, accredited by the Council
11 on Chiropractic Education, may practice under the direct,
12 on-premises supervision of a chiropractic physician who is a
13 member of the faculty of an accredited chiropractic college.

14 (b) Candidates for the degree of doctor of naturopathic
15 medicine enrolled in a naturopathic college, accredited by the
16 United States Council on Naturopathic Medical Education, may
17 practice under the direct, on-premises supervision of a
18 naturopathic physician who is a member of the faculty of an
19 accredited naturopathic college.

20 (Source: P.A. 97-622, eff. 11-23-11.)

21 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

22 (Section scheduled to be repealed on January 1, 2022)

23 Sec. 15. Chiropractic and naturopathic physician; license
24 for general practice. Any chiropractic or naturopathic

1 physician licensed under this Act shall be permitted to take
2 the examination for licensure as a physician to practice
3 medicine in all its branches and shall receive a license to
4 practice medicine in all of its branches if he or she shall
5 successfully pass such examination, upon proof of having
6 successfully completed in a medical college, osteopathic
7 college, naturopathic college, or chiropractic college
8 reputable and in good standing in the judgment of the
9 Department, courses of instruction in materia medica,
10 therapeutics, surgery, obstetrics, and theory and practice
11 deemed by the Department to be equal to the courses of
12 instruction required in those subjects for admission to the
13 examination for a license to practice medicine in all of its
14 branches, together with proof of having completed (a) the 2
15 year course of instruction in a college of liberal arts, or its
16 equivalent, required under this Act, and (b) a course of
17 postgraduate clinical training of not less than 24 months as
18 approved by the Department.

19 (Source: P.A. 97-622, eff. 11-23-11.)

20 (225 ILCS 60/16) (from Ch. 111, par. 4400-16)

21 (Section scheduled to be repealed on January 1, 2022)

22 Sec. 16. Ineligibility for examination. Any person who
23 shall fail any examination for licensure as a medical doctor,
24 doctor of osteopathy or osteopathic medicine, doctor of
25 naturopathic medicine, or doctor of chiropractic in this or

1 any other jurisdiction a total of 5 times shall thereafter be
2 ineligible for further examinations until such time as such
3 person shall submit to the Department evidence of further
4 formal professional study, as required by rule of the
5 Department, in an accredited institution.

6 (Source: P.A. 89-702, eff. 7-1-97.)

7 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 17. Temporary license. Persons holding the degree of
10 Doctor of Medicine, persons holding the degree of Doctor of
11 Osteopathy or Doctor of Osteopathic Medicine, persons holding
12 the degree of Doctor of Naturopathic Medicine, and persons
13 holding the degree of Doctor of Chiropractic or persons who
14 have satisfied the requirements therefor and are eligible to
15 receive such degree from a medical, osteopathic, naturopathic,
16 or chiropractic school, who wish to pursue programs of
17 graduate or specialty training in this State, may receive
18 without examination, in the discretion of the Department, a
19 3-year temporary license. In order to receive a 3-year
20 temporary license hereunder, an applicant shall submit
21 evidence satisfactory to the Department that the applicant:

22 (A) Is of good moral character. In determining moral
23 character under this Section, the Department may take into
24 consideration whether the applicant has engaged in conduct
25 or activities which would constitute grounds for

1 discipline under this Act. The Department may also request
2 the applicant to submit, and may consider as evidence of
3 moral character, endorsements from 2 or 3 individuals
4 licensed under this Act;

5 (B) Has been accepted or appointed for specialty or
6 residency training by a hospital situated in this State or
7 a training program in hospitals or facilities maintained
8 by the State of Illinois or affiliated training facilities
9 which is approved by the Department for the purpose of
10 such training under this Act. The applicant shall indicate
11 the beginning and ending dates of the period for which the
12 applicant has been accepted or appointed;

13 (C) Has or will satisfy the professional education
14 requirements of Section 11 of this Act which are effective
15 at the date of application except for postgraduate
16 clinical training;

17 (D) Is physically, mentally, and professionally
18 capable of practicing medicine or treating human ailments
19 without the use of drugs and without operative surgery
20 with reasonable judgment, skill, and safety. In
21 determining physical, mental and professional capacity
22 under this Section, the Licensing Board may, upon a
23 showing of a possible incapacity, compel an applicant to
24 submit to a mental or physical examination and evaluation,
25 or both, and may condition or restrict any temporary
26 license, subject to the same terms and conditions as are

1 provided for the Disciplinary Board under Section 22 of
2 this Act. Any such condition of restricted temporary
3 license shall provide that the Chief Medical Coordinator
4 or Deputy Medical Coordinator shall have the authority to
5 review the subject physician's compliance with such
6 conditions or restrictions, including, where appropriate,
7 the physician's record of treatment and counseling
8 regarding the impairment, to the extent permitted by
9 applicable federal statutes and regulations safeguarding
10 the confidentiality of medical records of patients.

11 Three-year temporary licenses issued pursuant to this
12 Section shall be valid only for the period of time designated
13 therein, and may be extended or renewed pursuant to the rules
14 of the Department, and if a temporary license is thereafter
15 extended, it shall not extend beyond completion of the
16 residency program. The holder of a valid 3-year temporary
17 license shall be entitled thereby to perform only such acts as
18 may be prescribed by and incidental to his or her program of
19 residency training; he or she shall not be entitled to
20 otherwise engage in the practice of medicine in this State
21 unless fully licensed in this State.

22 A 3-year temporary license may be revoked or suspended by
23 the Department upon proof that the holder thereof has engaged
24 in the practice of medicine in this State outside of the
25 program of his or her residency or specialty training, or if
26 the holder shall fail to supply the Department, within 10 days

1 of its request, with information as to his or her current
2 status and activities in his or her specialty training
3 program. Such a revocation or suspension shall comply with the
4 procedures set forth in subsection (d) of Section 37 of this
5 Act.

6 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

7 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 18. Visiting professor, physician, or resident
10 permits.

11 (A) Visiting professor permit.

12 (1) A visiting professor permit shall entitle a person
13 to practice medicine in all of its branches or to practice
14 the treatment of human ailments without the use of drugs
15 and without operative surgery provided:

16 (a) the person maintains an equivalent
17 authorization to practice medicine in all of its
18 branches or to practice the treatment of human
19 ailments without the use of drugs and without
20 operative surgery in good standing in his or her
21 native licensing jurisdiction during the period of the
22 visiting professor permit;

23 (b) the person has received a faculty appointment
24 to teach in a medical, osteopathic, naturopathic, or
25 chiropractic school in Illinois; and

1 (c) the Department may prescribe the information
2 necessary to establish an applicant's eligibility for
3 a permit. This information shall include without
4 limitation (i) a statement from the dean of the
5 medical school at which the applicant will be employed
6 describing the applicant's qualifications and (ii) a
7 statement from the dean of the medical school listing
8 every affiliated institution in which the applicant
9 will be providing instruction as part of the medical
10 school's education program and justifying any clinical
11 activities at each of the institutions listed by the
12 dean.

13 (2) Application for visiting professor permits shall
14 be made to the Department, in writing, on forms prescribed
15 by the Department and shall be accompanied by the required
16 fee established by rule, which shall not be refundable.
17 Any application shall require the information as, in the
18 judgment of the Department, will enable the Department to
19 pass on the qualifications of the applicant.

20 (3) A visiting professor permit shall be valid for no
21 longer than 2 years from the date of issuance or until the
22 time the faculty appointment is terminated, whichever
23 occurs first, and may be renewed only in accordance with
24 subdivision (A) (6) of this Section.

25 (4) The applicant may be required to appear before the
26 Licensing Board for an interview prior to, and as a

1 requirement for, the issuance of the original permit and
2 the renewal.

3 (5) Persons holding a permit under this Section shall
4 only practice medicine in all of its branches or practice
5 the treatment of human ailments without the use of drugs
6 and without operative surgery in the State of Illinois in
7 their official capacity under their contract within the
8 medical school itself and any affiliated institution in
9 which the permit holder is providing instruction as part
10 of the medical school's educational program and for which
11 the medical school has assumed direct responsibility.

12 (6) After the initial renewal of a visiting professor
13 permit, a visiting professor permit shall be valid until
14 the last day of the next physician license renewal period,
15 as set by rule, and may only be renewed for applicants who
16 meet the following requirements:

17 (i) have obtained the required continuing
18 education hours as set by rule; and

19 (ii) have paid the fee prescribed for a license
20 under Section 21 of this Act.

21 For initial renewal, the visiting professor must
22 successfully pass a general competency examination authorized
23 by the Department by rule, unless he or she was issued an
24 initial visiting professor permit on or after January 1, 2007,
25 but prior to July 1, 2007.

1 (B) Visiting physician permit.

2 (1) The Department may, in its discretion, issue a
3 temporary visiting physician permit, without examination,
4 provided:

5 (a) (blank);

6 (b) that the person maintains an equivalent
7 authorization to practice medicine in all of its
8 branches or to practice the treatment of human
9 ailments without the use of drugs and without
10 operative surgery in good standing in his or her
11 native licensing jurisdiction during the period of the
12 temporary visiting physician permit;

13 (c) that the person has received an invitation or
14 appointment to study, demonstrate, or perform a
15 specific medical, osteopathic, naturopathic,
16 chiropractic, or clinical subject or technique in a
17 medical, osteopathic, naturopathic, or chiropractic
18 school, a state or national medical, osteopathic,
19 naturopathic, or chiropractic professional association
20 or society conference or meeting, a hospital licensed
21 under the Hospital Licensing Act, a hospital organized
22 under the University of Illinois Hospital Act, or a
23 facility operated pursuant to the Ambulatory Surgical
24 Treatment Center Act; and

25 (d) that the temporary visiting physician permit
26 shall only permit the holder to practice medicine in

1 all of its branches or practice the treatment of human
2 ailments without the use of drugs and without
3 operative surgery within the scope of the medical,
4 osteopathic, naturopathic, chiropractic, or clinical
5 studies, or in conjunction with the state or national
6 medical, osteopathic, naturopathic, or chiropractic
7 professional association or society conference or
8 meeting, for which the holder was invited or
9 appointed.

10 (2) The application for the temporary visiting
11 physician permit shall be made to the Department, in
12 writing, on forms prescribed by the Department, and shall
13 be accompanied by the required fee established by rule,
14 which shall not be refundable. The application shall
15 require information that, in the judgment of the
16 Department, will enable the Department to pass on the
17 qualification of the applicant, and the necessity for the
18 granting of a temporary visiting physician permit.

19 (3) A temporary visiting physician permit shall be
20 valid for no longer than (i) 180 days from the date of
21 issuance or (ii) until the time the medical, osteopathic,
22 chiropractic, naturopathic, or clinical studies are
23 completed, or the state or national medical, osteopathic,
24 naturopathic, or chiropractic professional association or
25 society conference or meeting has concluded, whichever
26 occurs first. The temporary visiting physician permit may

1 be issued multiple times to a visiting physician under
2 this paragraph (3) as long as the total number of days it
3 is active do not exceed 180 days within a 365-day period.

4 (4) The applicant for a temporary visiting physician
5 permit may be required to appear before the Licensing
6 Board for an interview prior to, and as a requirement for,
7 the issuance of a temporary visiting physician permit.

8 (5) A limited temporary visiting physician permit
9 shall be issued to a physician licensed in another state
10 who has been requested to perform emergency procedures in
11 Illinois if he or she meets the requirements as
12 established by rule.

13 (C) Visiting resident permit.

14 (1) The Department may, in its discretion, issue a
15 temporary visiting resident permit, without examination,
16 provided:

17 (a) (blank);

18 (b) that the person maintains an equivalent
19 authorization to practice medicine in all of its
20 branches or to practice the treatment of human
21 ailments without the use of drugs and without
22 operative surgery in good standing in his or her
23 native licensing jurisdiction during the period of the
24 temporary visiting resident permit;

25 (c) that the applicant is enrolled in a

1 postgraduate clinical training program outside the
2 State of Illinois that is approved by the Department;

3 (d) that the individual has been invited or
4 appointed for a specific period of time to perform a
5 portion of that post graduate clinical training
6 program under the supervision of an Illinois licensed
7 physician in an Illinois patient care clinic or
8 facility that is affiliated with the out-of-State post
9 graduate training program; and

10 (e) that the temporary visiting resident permit
11 shall only permit the holder to practice medicine in
12 all of its branches or practice the treatment of human
13 ailments without the use of drugs and without
14 operative surgery within the scope of the medical,
15 osteopathic, naturopathic, chiropractic, or clinical
16 studies for which the holder was invited or appointed.

17 (2) The application for the temporary visiting
18 resident permit shall be made to the Department, in
19 writing, on forms prescribed by the Department, and shall
20 be accompanied by the required fee established by rule.
21 The application shall require information that, in the
22 judgment of the Department, will enable the Department to
23 pass on the qualifications of the applicant.

24 (3) A temporary visiting resident permit shall be
25 valid for 180 days from the date of issuance or until the
26 time the medical, osteopathic, naturopathic, chiropractic,

1 or clinical studies are completed, whichever occurs first.

2 (4) The applicant for a temporary visiting resident
3 permit may be required to appear before the Licensing
4 Board for an interview prior to, and as a requirement for,
5 the issuance of a temporary visiting resident permit.

6 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

7 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

8 (Section scheduled to be repealed on January 1, 2022)

9 Sec. 19. Licensure by endorsement. The Department may, in
10 its discretion, issue a license by endorsement to any person
11 who is currently licensed to practice medicine in all of its
12 branches, a naturopathic physician, or a chiropractic
13 physician, in any other state, territory, country or province,
14 upon the following conditions and submitting evidence
15 satisfactory to the Department of the following:

16 (A) (Blank);

17 (B) That the applicant is of good moral character. In
18 determining moral character under this Section, the
19 Department may take into consideration whether the
20 applicant has engaged in conduct or activities which would
21 constitute grounds for discipline under this Act. The
22 Department may also request the applicant to submit, and
23 may consider as evidence of moral character, endorsements
24 from 2 or 3 individuals licensed under this Act;

25 (C) That the applicant is physically, mentally and

1 professionally capable of practicing medicine with
2 reasonable judgment, skill and safety. In determining
3 physical, mental and professional capacity under this
4 Section the Licensing Board may, upon a showing of a
5 possible incapacity, compel an applicant to submit to a
6 mental or physical examination and evaluation, or both, in
7 the same manner as provided in Section 22 and may
8 condition or restrict any license, subject to the same
9 terms and conditions as are provided for the Disciplinary
10 Board under Section 22 of this Act.

11 (D) That if the applicant seeks to practice medicine
12 in all of its branches:

13 (1) if the applicant was licensed in another
14 jurisdiction prior to January 1, 1988, that the
15 applicant has satisfied the educational requirements
16 of paragraph (1) of subsection (A) or paragraph (2) of
17 subsection (A) of Section 11 of this Act; or

18 (2) if the applicant was licensed in another
19 jurisdiction after December 31, 1987, that the
20 applicant has satisfied the educational requirements
21 of paragraph (A) (2) of Section 11 of this Act; and

22 (3) the requirements for a license to practice
23 medicine in all of its branches in the particular
24 state, territory, country or province in which the
25 applicant is licensed are deemed by the Department to
26 have been substantially equivalent to the requirements

1 for a license to practice medicine in all of its
2 branches in force in this State at the date of the
3 applicant's license;

4 (E) That if the applicant seeks to treat human
5 ailments without the use of drugs and without operative
6 surgery:

7 (1) the applicant is a graduate of a chiropractic
8 or naturopathic school or college approved by the
9 Department at the time of their graduation;

10 (2) the requirements for the applicant's license
11 to practice the treatment of human ailments without
12 the use of drugs are deemed by the Department to have
13 been substantially equivalent to the requirements for
14 a license to practice in this State at the date of the
15 applicant's license;

16 (E-5) That if the applicant seeks to practice
17 naturopathic medicine:

18 (1) the applicant is a graduate of a naturopathic
19 school or college approved by the Department at the
20 time of their graduation; and

21 (2) the requirements for the applicant's license
22 to practice naturopathic medicine are deemed by the
23 Department to have been substantially equivalent to
24 the requirements for a license to practice in this
25 State at the date of the applicant's license;

26 (F) That the Department may, in its discretion, issue

1 a license by endorsement to any graduate of a medical or
2 osteopathic college, reputable and in good standing in the
3 judgment of the Department, who has passed an examination
4 for admission to the United States Public Health Service,
5 or who has passed any other examination deemed by the
6 Department to have been at least equal in all substantial
7 respects to the examination required for admission to any
8 such medical corps;

9 (G) That applications for licenses by endorsement
10 shall be filed with the Department, under oath, on forms
11 prepared and furnished by the Department, and shall set
12 forth, and applicants therefor shall supply such
13 information respecting the life, education, professional
14 practice, and moral character of applicants as the
15 Department may require to be filed for its use;

16 (H) That the applicant undergo the criminal background
17 check established under Section 9.7 of this Act.

18 In the exercise of its discretion under this Section, the
19 Department is empowered to consider and evaluate each
20 applicant on an individual basis. It may take into account,
21 among other things: the extent to which the applicant will
22 bring unique experience and skills to the State of Illinois or
23 the extent to which there is or is not available to the
24 Department authentic and definitive information concerning the
25 quality of medical education and clinical training which the
26 applicant has had. Under no circumstances shall a license be

1 issued under the provisions of this Section to any person who
2 has previously taken and failed the written examination
3 conducted by the Department for such license. In the exercise
4 of its discretion under this Section, the Department may
5 require an applicant to successfully complete an examination
6 as recommended by the Licensing Board. The Department may also
7 request the applicant to submit, and may consider as evidence
8 of moral character, evidence from 2 or 3 individuals licensed
9 under this Act. Applicants have 3 years from the date of
10 application to complete the application process. If the
11 process has not been completed within 3 years, the application
12 shall be denied, the fees shall be forfeited, and the
13 applicant must reapply and meet the requirements in effect at
14 the time of reapplication.

15 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

16 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

17 (Section scheduled to be repealed on January 1, 2022)

18 Sec. 22. Disciplinary action.

19 (A) The Department may revoke, suspend, place on
20 probation, reprimand, refuse to issue or renew, or take any
21 other disciplinary or non-disciplinary action as the
22 Department may deem proper with regard to the license or
23 permit of any person issued under this Act, including imposing
24 fines not to exceed \$10,000 for each violation, upon any of the
25 following grounds:

1 (1) (Blank).

2 (2) (Blank).

3 (3) A plea of guilty or nolo contendere, finding of
4 guilt, jury verdict, or entry of judgment or sentencing,
5 including, but not limited to, convictions, preceding
6 sentences of supervision, conditional discharge, or first
7 offender probation, under the laws of any jurisdiction of
8 the United States of any crime that is a felony.

9 (4) Gross negligence in practice under this Act.

10 (5) Engaging in dishonorable, unethical, or
11 unprofessional conduct of a character likely to deceive,
12 defraud or harm the public.

13 (6) Obtaining any fee by fraud, deceit, or
14 misrepresentation.

15 (7) Habitual or excessive use or abuse of drugs
16 defined in law as controlled substances, of alcohol, or of
17 any other substances which results in the inability to
18 practice with reasonable judgment, skill, or safety.

19 (8) Practicing under a false or, except as provided by
20 law, an assumed name.

21 (9) Fraud or misrepresentation in applying for, or
22 procuring, a license under this Act or in connection with
23 applying for renewal of a license under this Act.

24 (10) Making a false or misleading statement regarding
25 their skill or the efficacy or value of the medicine,
26 treatment, or remedy prescribed by them at their direction

1 in the treatment of any disease or other condition of the
2 body or mind.

3 (11) Allowing another person or organization to use
4 their license, procured under this Act, to practice.

5 (12) Adverse action taken by another state or
6 jurisdiction against a license or other authorization to
7 practice as a medical doctor, doctor of osteopathy, doctor
8 of osteopathic medicine, doctor of naturopathic medicine,
9 or doctor of chiropractic, a certified copy of the record
10 of the action taken by the other state or jurisdiction
11 being prima facie evidence thereof. This includes any
12 adverse action taken by a State or federal agency that
13 prohibits a medical doctor, doctor of osteopathy, doctor
14 of osteopathic medicine, or doctor of chiropractic from
15 providing services to the agency's participants.

16 (13) Violation of any provision of this Act or of the
17 Medical Practice Act prior to the repeal of that Act, or
18 violation of the rules, or a final administrative action
19 of the Secretary, after consideration of the
20 recommendation of the Disciplinary Board.

21 (14) Violation of the prohibition against fee
22 splitting in Section 22.2 of this Act.

23 (15) A finding by the Disciplinary Board that the
24 registrant after having his or her license placed on
25 probationary status or subjected to conditions or
26 restrictions violated the terms of the probation or failed

1 to comply with such terms or conditions.

2 (16) Abandonment of a patient.

3 (17) Prescribing, selling, administering,
4 distributing, giving, or self-administering any drug
5 classified as a controlled substance (designated product)
6 or narcotic for other than medically accepted therapeutic
7 purposes.

8 (18) Promotion of the sale of drugs, devices,
9 appliances, or goods provided for a patient in such manner
10 as to exploit the patient for financial gain of the
11 physician.

12 (19) Offering, undertaking, or agreeing to cure or
13 treat disease by a secret method, procedure, treatment, or
14 medicine, or the treating, operating, or prescribing for
15 any human condition by a method, means, or procedure which
16 the licensee refuses to divulge upon demand of the
17 Department.

18 (20) Immoral conduct in the commission of any act
19 including, but not limited to, commission of an act of
20 sexual misconduct related to the licensee's practice.

21 (21) Willfully making or filing false records or
22 reports in his or her practice as a physician, including,
23 but not limited to, false records to support claims
24 against the medical assistance program of the Department
25 of Healthcare and Family Services (formerly Department of
26 Public Aid) under the Illinois Public Aid Code.

1 (22) Willful omission to file or record, or willfully
2 impeding the filing or recording, or inducing another
3 person to omit to file or record, medical reports as
4 required by law, or willfully failing to report an
5 instance of suspected abuse or neglect as required by law.

6 (23) Being named as a perpetrator in an indicated
7 report by the Department of Children and Family Services
8 under the Abused and Neglected Child Reporting Act, and
9 upon proof by clear and convincing evidence that the
10 licensee has caused a child to be an abused child or
11 neglected child as defined in the Abused and Neglected
12 Child Reporting Act.

13 (24) Solicitation of professional patronage by any
14 corporation, agents or persons, or profiting from those
15 representing themselves to be agents of the licensee.

16 (25) Gross and willful and continued overcharging for
17 professional services, including filing false statements
18 for collection of fees for which services are not
19 rendered, including, but not limited to, filing such false
20 statements for collection of monies for services not
21 rendered from the medical assistance program of the
22 Department of Healthcare and Family Services (formerly
23 Department of Public Aid) under the Illinois Public Aid
24 Code.

25 (26) A pattern of practice or other behavior which
26 demonstrates incapacity or incompetence to practice under

1 this Act.

2 (27) Mental illness or disability which results in the
3 inability to practice under this Act with reasonable
4 judgment, skill, or safety.

5 (28) Physical illness, including, but not limited to,
6 deterioration through the aging process, or loss of motor
7 skill which results in a physician's inability to practice
8 under this Act with reasonable judgment, skill, or safety.

9 (29) Cheating on or attempt to subvert the licensing
10 examinations administered under this Act.

11 (30) Willfully or negligently violating the
12 confidentiality between physician and patient except as
13 required by law.

14 (31) The use of any false, fraudulent, or deceptive
15 statement in any document connected with practice under
16 this Act.

17 (32) Aiding and abetting an individual not licensed
18 under this Act in the practice of a profession licensed
19 under this Act.

20 (33) Violating state or federal laws or regulations
21 relating to controlled substances, legend drugs, or
22 ephedra as defined in the Ephedra Prohibition Act.

23 (34) Failure to report to the Department any adverse
24 final action taken against them by another licensing
25 jurisdiction (any other state or any territory of the
26 United States or any foreign state or country), by any

1 peer review body, by any health care institution, by any
2 professional society or association related to practice
3 under this Act, by any governmental agency, by any law
4 enforcement agency, or by any court for acts or conduct
5 similar to acts or conduct which would constitute grounds
6 for action as defined in this Section.

7 (35) Failure to report to the Department surrender of
8 a license or authorization to practice as a medical
9 doctor, a doctor of osteopathy, a doctor of osteopathic
10 medicine, a doctor of naturopathic medicine, or doctor of
11 chiropractic in another state or jurisdiction, or
12 surrender of membership on any medical staff or in any
13 medical or professional association or society, while
14 under disciplinary investigation by any of those
15 authorities or bodies, for acts or conduct similar to acts
16 or conduct which would constitute grounds for action as
17 defined in this Section.

18 (36) Failure to report to the Department any adverse
19 judgment, settlement, or award arising from a liability
20 claim related to acts or conduct similar to acts or
21 conduct which would constitute grounds for action as
22 defined in this Section.

23 (37) Failure to provide copies of medical records as
24 required by law.

25 (38) Failure to furnish the Department, its
26 investigators or representatives, relevant information,

1 legally requested by the Department after consultation
2 with the Chief Medical Coordinator or the Deputy Medical
3 Coordinator.

4 (39) Violating the Health Care Worker Self-Referral
5 Act.

6 (40) Willful failure to provide notice when notice is
7 required under the Parental Notice of Abortion Act of
8 1995.

9 (41) Failure to establish and maintain records of
10 patient care and treatment as required by this law.

11 (42) Entering into an excessive number of written
12 collaborative agreements with licensed advanced practice
13 registered nurses resulting in an inability to adequately
14 collaborate.

15 (43) Repeated failure to adequately collaborate with a
16 licensed advanced practice registered nurse.

17 (44) Violating the Compassionate Use of Medical
18 Cannabis Program Act.

19 (45) Entering into an excessive number of written
20 collaborative agreements with licensed prescribing
21 psychologists resulting in an inability to adequately
22 collaborate.

23 (46) Repeated failure to adequately collaborate with a
24 licensed prescribing psychologist.

25 (47) Willfully failing to report an instance of
26 suspected abuse, neglect, financial exploitation, or

1 self-neglect of an eligible adult as defined in and
2 required by the Adult Protective Services Act.

3 (48) Being named as an abuser in a verified report by
4 the Department on Aging under the Adult Protective
5 Services Act, and upon proof by clear and convincing
6 evidence that the licensee abused, neglected, or
7 financially exploited an eligible adult as defined in the
8 Adult Protective Services Act.

9 (49) Entering into an excessive number of written
10 collaborative agreements with licensed physician
11 assistants resulting in an inability to adequately
12 collaborate.

13 (50) Repeated failure to adequately collaborate with a
14 physician assistant.

15 Except for actions involving the ground numbered (26), all
16 proceedings to suspend, revoke, place on probationary status,
17 or take any other disciplinary action as the Department may
18 deem proper, with regard to a license on any of the foregoing
19 grounds, must be commenced within 5 years next after receipt
20 by the Department of a complaint alleging the commission of or
21 notice of the conviction order for any of the acts described
22 herein. Except for the grounds numbered (8), (9), (26), and
23 (29), no action shall be commenced more than 10 years after the
24 date of the incident or act alleged to have violated this
25 Section. For actions involving the ground numbered (26), a
26 pattern of practice or other behavior includes all incidents

1 alleged to be part of the pattern of practice or other behavior
2 that occurred, or a report pursuant to Section 23 of this Act
3 received, within the 10-year period preceding the filing of
4 the complaint. In the event of the settlement of any claim or
5 cause of action in favor of the claimant or the reduction to
6 final judgment of any civil action in favor of the plaintiff,
7 such claim, cause of action, or civil action being grounded on
8 the allegation that a person licensed under this Act was
9 negligent in providing care, the Department shall have an
10 additional period of 2 years from the date of notification to
11 the Department under Section 23 of this Act of such settlement
12 or final judgment in which to investigate and commence formal
13 disciplinary proceedings under Section 36 of this Act, except
14 as otherwise provided by law. The time during which the holder
15 of the license was outside the State of Illinois shall not be
16 included within any period of time limiting the commencement
17 of disciplinary action by the Department.

18 The entry of an order or judgment by any circuit court
19 establishing that any person holding a license under this Act
20 is a person in need of mental treatment operates as a
21 suspension of that license. That person may resume his or her
22 ~~their~~ practice only upon the entry of a Departmental order
23 based upon a finding by the Disciplinary Board that the person
24 has ~~they have~~ been determined to be recovered from mental
25 illness by the court and upon the Disciplinary Board's
26 recommendation that the person ~~they~~ be permitted to resume his

1 or her ~~their~~ practice.

2 The Department may refuse to issue or take disciplinary
3 action concerning the license of any person who fails to file a
4 return, or to pay the tax, penalty, or interest shown in a
5 filed return, or to pay any final assessment of tax, penalty,
6 or interest, as required by any tax Act administered by the
7 Illinois Department of Revenue, until such time as the
8 requirements of any such tax Act are satisfied as determined
9 by the Illinois Department of Revenue.

10 The Department, upon the recommendation of the
11 Disciplinary Board, shall adopt rules which set forth
12 standards to be used in determining:

13 (a) when a person will be deemed sufficiently
14 rehabilitated to warrant the public trust;

15 (b) what constitutes dishonorable, unethical, or
16 unprofessional conduct of a character likely to deceive,
17 defraud, or harm the public;

18 (c) what constitutes immoral conduct in the commission
19 of any act, including, but not limited to, commission of
20 an act of sexual misconduct related to the licensee's
21 practice; and

22 (d) what constitutes gross negligence in the practice
23 of medicine.

24 However, no such rule shall be admissible into evidence in
25 any civil action except for review of a licensing or other
26 disciplinary action under this Act.

1 In enforcing this Section, the Disciplinary Board or the
2 Licensing Board, upon a showing of a possible violation, may
3 compel, in the case of the Disciplinary Board, any individual
4 who is licensed to practice under this Act or holds a permit to
5 practice under this Act, or, in the case of the Licensing
6 Board, any individual who has applied for licensure or a
7 permit pursuant to this Act, to submit to a mental or physical
8 examination and evaluation, or both, which may include a
9 substance abuse or sexual offender evaluation, as required by
10 the Licensing Board or Disciplinary Board and at the expense
11 of the Department. The Disciplinary Board or Licensing Board
12 shall specifically designate the examining physician licensed
13 to practice medicine in all of its branches or, if applicable,
14 the multidisciplinary team involved in providing the mental or
15 physical examination and evaluation, or both. The
16 multidisciplinary team shall be led by a physician licensed to
17 practice medicine in all of its branches and may consist of one
18 or more or a combination of physicians licensed to practice
19 medicine in all of its branches, licensed chiropractic
20 physicians, licensed naturopathic physicians, licensed
21 clinical psychologists, licensed clinical social workers,
22 licensed clinical professional counselors, and other
23 professional and administrative staff. Any examining physician
24 or member of the multidisciplinary team may require any person
25 ordered to submit to an examination and evaluation pursuant to
26 this Section to submit to any additional supplemental testing

1 deemed necessary to complete any examination or evaluation
2 process, including, but not limited to, blood testing,
3 urinalysis, psychological testing, or neuropsychological
4 testing. The Disciplinary Board, the Licensing Board, or the
5 Department may order the examining physician or any member of
6 the multidisciplinary team to provide to the Department, the
7 Disciplinary Board, or the Licensing Board any and all
8 records, including business records, that relate to the
9 examination and evaluation, including any supplemental testing
10 performed. The Disciplinary Board, the Licensing Board, or the
11 Department may order the examining physician or any member of
12 the multidisciplinary team to present testimony concerning
13 this examination and evaluation of the licensee, permit
14 holder, or applicant, including testimony concerning any
15 supplemental testing or documents relating to the examination
16 and evaluation. No information, report, record, or other
17 documents in any way related to the examination and evaluation
18 shall be excluded by reason of any common law or statutory
19 privilege relating to communication between the licensee,
20 permit holder, or applicant and the examining physician or any
21 member of the multidisciplinary team. No authorization is
22 necessary from the licensee, permit holder, or applicant
23 ordered to undergo an evaluation and examination for the
24 examining physician or any member of the multidisciplinary
25 team to provide information, reports, records, or other
26 documents or to provide any testimony regarding the

1 examination and evaluation. The individual to be examined may
2 have, at his or her own expense, another physician of his or
3 her choice present during all aspects of the examination.
4 Failure of any individual to submit to mental or physical
5 examination and evaluation, or both, when directed, shall
6 result in an automatic suspension, without hearing, until such
7 time as the individual submits to the examination. If the
8 Disciplinary Board or Licensing Board finds a physician unable
9 to practice following an examination and evaluation because of
10 the reasons set forth in this Section, the Disciplinary Board
11 or Licensing Board shall require such physician to submit to
12 care, counseling, or treatment by physicians, or other health
13 care professionals, approved or designated by the Disciplinary
14 Board, as a condition for issued, continued, reinstated, or
15 renewed licensure to practice. Any physician, whose license
16 was granted pursuant to Sections 9, 17, or 19 of this Act, or,
17 continued, reinstated, renewed, disciplined or supervised,
18 subject to such terms, conditions, or restrictions who shall
19 fail to comply with such terms, conditions, or restrictions,
20 or to complete a required program of care, counseling, or
21 treatment, as determined by the Chief Medical Coordinator or
22 Deputy Medical Coordinators, shall be referred to the
23 Secretary for a determination as to whether the licensee shall
24 have his or her ~~their~~ license suspended immediately, pending a
25 hearing by the Disciplinary Board. In instances in which the
26 Secretary immediately suspends a license under this Section, a

1 hearing upon such person's license must be convened by the
2 Disciplinary Board within 15 days after such suspension and
3 completed without appreciable delay. The Disciplinary Board
4 shall have the authority to review the subject physician's
5 record of treatment and counseling regarding the impairment,
6 to the extent permitted by applicable federal statutes and
7 regulations safeguarding the confidentiality of medical
8 records.

9 An individual licensed under this Act, affected under this
10 Section, shall be afforded an opportunity to demonstrate to
11 the Disciplinary Board that he or she ~~they~~ can resume practice
12 in compliance with acceptable and prevailing standards under
13 the provisions of his or her ~~their~~ license.

14 The Department may promulgate rules for the imposition of
15 fines in disciplinary cases, not to exceed \$10,000 for each
16 violation of this Act. Fines may be imposed in conjunction
17 with other forms of disciplinary action, but shall not be the
18 exclusive disposition of any disciplinary action arising out
19 of conduct resulting in death or injury to a patient. Any funds
20 collected from such fines shall be deposited in the Illinois
21 State Medical Disciplinary Fund.

22 All fines imposed under this Section shall be paid within
23 60 days after the effective date of the order imposing the fine
24 or in accordance with the terms set forth in the order imposing
25 the fine.

26 (B) The Department shall revoke the license or permit

1 issued under this Act to practice medicine, a naturopathic
2 physician, or a chiropractic physician who has been convicted
3 a second time of committing any felony under the Illinois
4 Controlled Substances Act or the Methamphetamine Control and
5 Community Protection Act, or who has been convicted a second
6 time of committing a Class 1 felony under Sections 8A-3 and
7 8A-6 of the Illinois Public Aid Code. A person whose license or
8 permit is revoked under this subsection B shall be prohibited
9 from practicing medicine or treating human ailments without
10 the use of drugs and without operative surgery.

11 (C) The Department shall not revoke, suspend, place on
12 probation, reprimand, refuse to issue or renew, or take any
13 other disciplinary or non-disciplinary action against the
14 license or permit issued under this Act to practice medicine
15 to a physician:

16 (1) based solely upon the recommendation of the
17 physician to an eligible patient regarding, or
18 prescription for, or treatment with, an investigational
19 drug, biological product, or device; or

20 (2) for experimental treatment for Lyme disease or
21 other tick-borne diseases, including, but not limited to,
22 the prescription of or treatment with long-term
23 antibiotics.

24 (D) The Disciplinary Board shall recommend to the
25 Department civil penalties and any other appropriate
26 discipline in disciplinary cases when the Board finds that a

1 physician willfully performed an abortion with actual
2 knowledge that the person upon whom the abortion has been
3 performed is a minor or an incompetent person without notice
4 as required under the Parental Notice of Abortion Act of 1995.
5 Upon the Board's recommendation, the Department shall impose,
6 for the first violation, a civil penalty of \$1,000 and for a
7 second or subsequent violation, a civil penalty of \$5,000.

8 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;
9 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.
10 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,
11 eff. 8-9-19; revised 9-20-19.)

12 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

13 (Section scheduled to be repealed on January 1, 2022)

14 Sec. 24. Report of violations; medical associations.

15 (a) Any physician licensed under this Act, the Illinois
16 State Medical Society, the Illinois Association of Osteopathic
17 Physicians and Surgeons, the Illinois Chiropractic Society,
18 the Illinois Prairie State Chiropractic Association, the
19 Illinois Association of Naturopathic Physicians, or any
20 component societies of any of these 4 groups, and any other
21 person, may report to the Disciplinary Board any information
22 the physician, association, society, or person may have that
23 appears to show that a physician is or may be in violation of
24 any of the provisions of Section 22 of this Act.

25 (b) The Department may enter into agreements with the

1 Illinois State Medical Society, the Illinois Association of
2 Osteopathic Physicians and Surgeons, the Illinois Prairie
3 State Chiropractic Association, ~~or~~ the Illinois Chiropractic
4 Society, or the Illinois Association of Naturopathic
5 Physicians to allow these organizations to assist the
6 Disciplinary Board in the review of alleged violations of this
7 Act. Subject to the approval of the Department, any
8 organization party to such an agreement may subcontract with
9 other individuals or organizations to assist in review.

10 (c) Any physician, association, society, or person
11 participating in good faith in the making of a report under
12 this Act or participating in or assisting with an
13 investigation or review under this Act shall have immunity
14 from any civil, criminal, or other liability that might result
15 by reason of those actions.

16 (d) The medical information in the custody of an entity
17 under contract with the Department participating in an
18 investigation or review shall be privileged and confidential
19 to the same extent as are information and reports under the
20 provisions of Part 21 of Article VIII of the Code of Civil
21 Procedure.

22 (e) Upon request by the Department after a mandatory
23 report has been filed with the Department, an attorney for any
24 party seeking to recover damages for injuries or death by
25 reason of medical, hospital, or other healing art malpractice
26 shall provide patient records related to the physician

1 involved in the disciplinary proceeding to the Department
2 within 30 days of the Department's request for use by the
3 Department in any disciplinary matter under this Act. An
4 attorney who provides patient records to the Department in
5 accordance with this requirement shall not be deemed to have
6 violated any attorney-client privilege. Notwithstanding any
7 other provision of law, consent by a patient shall not be
8 required for the provision of patient records in accordance
9 with this requirement.

10 (f) For the purpose of any civil or criminal proceedings,
11 the good faith of any physician, association, society or
12 person shall be presumed.

13 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

14 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

15 (Section scheduled to be repealed on January 1, 2022)

16 Sec. 33. Legend drugs.

17 (a) Any person licensed under this Act to practice
18 medicine in all of its branches shall be authorized to
19 purchase legend drugs requiring an order of a person
20 authorized to prescribe drugs, and to dispense such legend
21 drugs in the regular course of practicing medicine. The
22 dispensing of such legend drugs shall be the personal act of
23 the person licensed under this Act and may not be delegated to
24 any other person not licensed under this Act or the Pharmacy
25 Practice Act unless such delegated dispensing functions are

1 under the direct supervision of the physician authorized to
2 dispense legend drugs. Except when dispensing manufacturers'
3 samples or other legend drugs in a maximum 72 hour supply,
4 persons licensed under this Act shall maintain a book or file
5 of prescriptions as required in the Pharmacy Practice Act. Any
6 person licensed under this Act who dispenses any drug or
7 medicine shall dispense such drug or medicine in good faith
8 and shall affix to the box, bottle, vessel or package
9 containing the same a label indicating (1) the date on which
10 such drug or medicine is dispensed; (2) the name of the
11 patient; (3) the last name of the person dispensing such drug
12 or medicine; (4) the directions for use thereof; and (5) the
13 proprietary name or names or, if there are none, the
14 established name or names of the drug or medicine, the dosage
15 and quantity, except as otherwise authorized by regulation of
16 the Department.

17 (b) The labeling requirements set forth in subsection (a)
18 shall not apply to drugs or medicines in a package which bears
19 a label of the manufacturer containing information describing
20 its contents which is in compliance with requirements of the
21 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
22 Drug, and Cosmetic Act. "Drug" and "medicine" have the
23 meanings ascribed to them in the Pharmacy Practice Act, as now
24 or hereafter amended; "good faith" has the meaning ascribed to
25 it in subsection (u) of Section 102 of the Illinois Controlled
26 Substances Act.

1 (c) Prior to dispensing a prescription to a patient, the
2 physician shall offer a written prescription to the patient
3 which the patient may elect to have filled by the physician or
4 any licensed pharmacy.

5 (d) A violation of any provision of this Section shall
6 constitute a violation of this Act and shall be grounds for
7 disciplinary action provided for in this Act.

8 (e) Nothing in this Section shall be construed to
9 authorize a chiropractic physician or naturopathic physician
10 to prescribe drugs.

11 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

12 (225 ILCS 60/34) (from Ch. 111, par. 4400-34)

13 (Section scheduled to be repealed on January 1, 2022)

14 Sec. 34. The provisions of this Act shall not be so
15 construed nor shall they be so administered as to discriminate
16 against any type or category of physician or against any
17 medical, osteopathic, naturopathic, or chiropractic college.

18 (Source: P.A. 85-4.)

19 Section 25. The Patients' Right to Know Act is amended by
20 changing Section 5 as follows:

21 (225 ILCS 61/5)

22 Sec. 5. Definitions. For purposes of this Act, the
23 following definitions shall have the following meanings,

1 except where the context requires otherwise:

2 "Department" means the Department of Financial and
3 Professional Regulation.

4 "Disciplinary Board" means the Medical Disciplinary Board.

5 "Physician" means a person licensed under the Medical
6 Practice Act of 1987 to practice medicine in all of its
7 branches, a naturopathic physician, or a chiropractic
8 physician licensed to treat human ailments without the use of
9 drugs and without operative surgery.

10 "Secretary" means the Secretary of the Department of
11 Financial and Professional Regulation.

12 (Source: P.A. 99-642, eff. 7-28-16.)

13 Section 30. The Naprapathic Practice Act is amended by
14 changing Sections 25 and 110 as follows:

15 (225 ILCS 63/25)

16 (Section scheduled to be repealed on January 1, 2023)

17 Sec. 25. Title and designation of licensed naprapaths.
18 Every person to whom a valid existing license as a naprapath
19 has been issued under this Act shall be designated
20 professionally a "naprapath", and not otherwise, and any
21 licensed naprapath may, in connection with the practice of his
22 profession, use the title or designation of "naprapath", and,
23 if entitled by degree from a college or university recognized
24 by the Department, may use the title of "Doctor of Naprapathy"

1 or the abbreviation "D.N.". When the name of the licensed
2 naprapath is used professionally in oral, written, or printed
3 announcements, professional cards, or publications for the
4 information of the public and is preceded by the title
5 "Doctor" or the abbreviation "Dr.", the explanatory
6 designation of "naprapath", "naprapathy", "Doctor of
7 Naprapathy", or the designation "D.N." shall be added
8 immediately following title and name. When the announcement,
9 professional cards, or publication is in writing or in print,
10 the explanatory addition shall be in writing, type, or print
11 not less than 1/2 the size of that used in the name and title.
12 No person other than the holder of a valid existing license
13 under this Act shall use the title and designation of "Doctor
14 of Naprapathy", "D.N.", or "naprapath", either directly or
15 indirectly, in connection with his or her profession or
16 business.

17 A naprapath licensed under this Act shall not hold himself
18 or herself out as a Doctor of Chiropractic or a Doctor of
19 Naturopathic Medicine unless he or she is licensed as a Doctor
20 of Chiropractic or Doctor of Naturopathic Medicine under the
21 Medical Practice Act of 1987 or any successor Act.

22 (Source: P.A. 97-778, eff. 7-13-12.)

23 (225 ILCS 63/110)

24 (Section scheduled to be repealed on January 1, 2023)

25 Sec. 110. Grounds for disciplinary action; refusal,

1 revocation, suspension.

2 (a) The Department may refuse to issue or to renew, or may
3 revoke, suspend, place on probation, reprimand or take other
4 disciplinary or non-disciplinary action as the Department may
5 deem appropriate, including imposing fines not to exceed
6 \$10,000 for each violation, with regard to any licensee or
7 license for any one or combination of the following causes:

8 (1) Violations of this Act or of rules adopted under
9 this Act.

10 (2) Material misstatement in furnishing information to
11 the Department.

12 (3) Conviction by plea of guilty or nolo contendere,
13 finding of guilt, jury verdict, or entry of judgment, or
14 by sentencing of any crime, including, but not limited to,
15 convictions, preceding sentences of supervision,
16 conditional discharge, or first offender probation, under
17 the laws of any jurisdiction of the United States: (i)
18 that is a felony or (ii) that is a misdemeanor, an
19 essential element of which is dishonesty, or that is
20 directly related to the practice of the profession.

21 (4) Fraud or any misrepresentation in applying for or
22 procuring a license under this Act or in connection with
23 applying for renewal of a license under this Act.

24 (5) Professional incompetence or gross negligence.

25 (6) Malpractice.

26 (7) Aiding or assisting another person in violating

1 any provision of this Act or its rules.

2 (8) Failing to provide information within 60 days in
3 response to a written request made by the Department.

4 (9) Engaging in dishonorable, unethical, or
5 unprofessional conduct of a character likely to deceive,
6 defraud, or harm the public.

7 (10) Habitual or excessive use or abuse of drugs
8 defined in law as controlled substances, alcohol, or any
9 other substance which results in the inability to practice
10 with reasonable judgment, skill, or safety.

11 (11) Discipline by another U.S. jurisdiction or
12 foreign nation if at least one of the grounds for the
13 discipline is the same or substantially equivalent to
14 those set forth in this Act.

15 (12) Directly or indirectly giving to or receiving
16 from any person, firm, corporation, partnership, or
17 association any fee, commission, rebate, or other form of
18 compensation for any professional services not actually or
19 personally rendered. This shall not be deemed to include
20 rent or other remunerations paid to an individual,
21 partnership, or corporation by a naprapath for the lease,
22 rental, or use of space, owned or controlled by the
23 individual, partnership, corporation, or association.
24 Nothing in this paragraph (12) affects any bona fide
25 independent contractor or employment arrangements among
26 health care professionals, health facilities, health care

1 providers, or other entities, except as otherwise
2 prohibited by law. Any employment arrangements may include
3 provisions for compensation, health insurance, pension, or
4 other employment benefits for the provision of services
5 within the scope of the licensee's practice under this
6 Act. Nothing in this paragraph (12) shall be construed to
7 require an employment arrangement to receive professional
8 fees for services rendered.

9 (13) Using the title "Doctor" or its abbreviation
10 without further clarifying that title or abbreviation with
11 the word "naprapath" or "naprapathy" or the designation
12 "D.N.".

13 (14) A finding by the Department that the licensee,
14 after having his or her license placed on probationary
15 status, has violated the terms of probation.

16 (15) Abandonment of a patient without cause.

17 (16) Willfully making or filing false records or
18 reports relating to a licensee's practice, including but
19 not limited to, false records filed with State agencies or
20 departments.

21 (17) Willfully failing to report an instance of
22 suspected child abuse or neglect as required by the Abused
23 and Neglected Child Reporting Act.

24 (18) Physical or mental illness or disability,
25 including, but not limited to, deterioration through the
26 aging process or loss of motor skill that results in the

1 inability to practice the profession with reasonable
2 judgment, skill, or safety.

3 (19) Solicitation of professional services by means
4 other than permitted advertising.

5 (20) Failure to provide a patient with a copy of his or
6 her record upon the written request of the patient.

7 (21) Cheating on or attempting to subvert the
8 licensing examination administered under this Act.

9 (22) Allowing one's license under this Act to be used
10 by an unlicensed person in violation of this Act.

11 (23) (Blank).

12 (24) Being named as a perpetrator in an indicated
13 report by the Department of Children and Family Services
14 under the Abused and Neglected Child Reporting Act and
15 upon proof by clear and convincing evidence that the
16 licensee has caused a child to be an abused child or a
17 neglected child as defined in the Abused and Neglected
18 Child Reporting Act.

19 (25) Practicing under a false or, except as provided
20 by law, an assumed name.

21 (26) Immoral conduct in the commission of any act,
22 such as sexual abuse, sexual misconduct, or sexual
23 exploitation, related to the licensee's practice.

24 (27) Maintaining a professional relationship with any
25 person, firm, or corporation when the naprapath knows, or
26 should know, that the person, firm, or corporation is

1 violating this Act.

2 (28) Promotion of the sale of food supplements,
3 devices, appliances, or goods provided for a client or
4 patient in such manner as to exploit the patient or client
5 for financial gain of the licensee.

6 (29) Having treated ailments of human beings other
7 than by the practice of naprapathy as defined in this Act,
8 or having treated ailments of human beings as a licensed
9 naprapath independent of a documented referral or
10 documented current and relevant diagnosis from a
11 physician, dentist, or podiatric physician, or having
12 failed to notify the physician, dentist, or podiatric
13 physician who established a documented current and
14 relevant diagnosis that the patient is receiving
15 naprapathic treatment pursuant to that diagnosis.

16 (30) Use by a registered naprapath of the word
17 "infirmary", "hospital", "school", "university", in
18 English or any other language, in connection with the
19 place where naprapathy may be practiced or demonstrated.

20 (31) Continuance of a naprapath in the employ of any
21 person, firm, or corporation, or as an assistant to any
22 naprapath or naprapaths, directly or indirectly, after his
23 or her employer or superior has been found guilty of
24 violating or has been enjoined from violating the laws of
25 the State of Illinois relating to the practice of
26 naprapathy when the employer or superior persists in that

1 violation.

2 (32) The performance of naprapathic service in
3 conjunction with a scheme or plan with another person,
4 firm, or corporation known to be advertising in a manner
5 contrary to this Act or otherwise violating the laws of
6 the State of Illinois concerning the practice of
7 naprapathy.

8 (33) Failure to provide satisfactory proof of having
9 participated in approved continuing education programs as
10 determined by and approved by the Secretary. Exceptions
11 for extreme hardships are to be defined by the rules of the
12 Department.

13 (34) (Blank).

14 (35) Gross or willful overcharging for professional
15 services.

16 (36) (Blank).

17 All fines imposed under this Section shall be paid within
18 60 days after the effective date of the order imposing the
19 fine.

20 (b) The Department may refuse to issue or may suspend
21 without hearing, as provided for in the Department of
22 Professional Regulation Law of the Civil Administrative Code,
23 the license of any person who fails to file a return, or pay
24 the tax, penalty, or interest shown in a filed return, or pay
25 any final assessment of the tax, penalty, or interest as
26 required by any tax Act administered by the Illinois

1 Department of Revenue, until such time as the requirements of
2 any such tax Act are satisfied in accordance with subsection
3 (g) of Section 2105-15 of the Department of Professional
4 Regulation Law of the Civil Administrative Code of Illinois.

5 (c) (Blank).

6 (d) In cases where the Department of Healthcare and Family
7 Services has previously determined a licensee or a potential
8 licensee is more than 30 days delinquent in the payment of
9 child support and has subsequently certified the delinquency
10 to the Department, the Department may refuse to issue or renew
11 or may revoke or suspend that person's license or may take
12 other disciplinary action against that person based solely
13 upon the certification of delinquency made by the Department
14 of Healthcare and Family Services in accordance with item (5)
15 of subsection (a) of Section 2105-15 of the Department of
16 Professional Regulation Law of the Civil Administrative Code
17 of Illinois.

18 (e) The determination by a circuit court that a licensee
19 is subject to involuntary admission or judicial admission, as
20 provided in the Mental Health and Developmental Disabilities
21 Code, operates as an automatic suspension. The suspension
22 shall end only upon a finding by a court that the patient is no
23 longer subject to involuntary admission or judicial admission
24 and the issuance of an order so finding and discharging the
25 patient.

26 (f) In enforcing this Act, the Department, upon a showing

1 of a possible violation, may compel an individual licensed to
2 practice under this Act, or who has applied for licensure
3 under this Act, to submit to a mental or physical examination
4 and evaluation, or both, which may include a substance abuse
5 or sexual offender evaluation, as required by and at the
6 expense of the Department. The Department shall specifically
7 designate the examining physician licensed to practice
8 medicine in all of its branches or, if applicable, the
9 multidisciplinary team involved in providing the mental or
10 physical examination and evaluation, or both. The
11 multidisciplinary team shall be led by a physician licensed to
12 practice medicine in all of its branches and may consist of one
13 or more or a combination of physicians licensed to practice
14 medicine in all of its branches, licensed chiropractic
15 physicians, licensed naturopathic physicians, licensed
16 clinical psychologists, licensed clinical social workers,
17 licensed clinical professional counselors, and other
18 professional and administrative staff. Any examining physician
19 or member of the multidisciplinary team may require any person
20 ordered to submit to an examination and evaluation pursuant to
21 this Section to submit to any additional supplemental testing
22 deemed necessary to complete any examination or evaluation
23 process, including, but not limited to, blood testing,
24 urinalysis, psychological testing, or neuropsychological
25 testing.

26 The Department may order the examining physician or any

1 member of the multidisciplinary team to provide to the
2 Department any and all records including business records that
3 relate to the examination and evaluation, including any
4 supplemental testing performed. The Department may order the
5 examining physician or any member of the multidisciplinary
6 team to present testimony concerning the examination and
7 evaluation of the licensee or applicant, including testimony
8 concerning any supplemental testing or documents in any way
9 related to the examination and evaluation. No information,
10 report, record, or other documents in any way related to the
11 examination and evaluation shall be excluded by reason of any
12 common law or statutory privilege relating to communications
13 between the licensee or applicant and the examining physician
14 or any member of the multidisciplinary team. No authorization
15 is necessary from the licensee or applicant ordered to undergo
16 an evaluation and examination for the examining physician or
17 any member of the multidisciplinary team to provide
18 information, reports, records, or other documents or to
19 provide any testimony regarding the examination and
20 evaluation. The individual to be examined may have, at his or
21 her own expense, another physician of his or her choice
22 present during all aspects of this examination. Failure of an
23 individual to submit to a mental or physical examination and
24 evaluation, or both, when directed, shall result in an
25 automatic suspension without hearing, until such time as the
26 individual submits to the examination.

1 A person holding a license under this Act or who has
2 applied for a license under this Act who, because of a physical
3 or mental illness or disability, including, but not limited
4 to, deterioration through the aging process or loss of motor
5 skill, is unable to practice the profession with reasonable
6 judgment, skill, or safety, may be required by the Department
7 to submit to care, counseling, or treatment by physicians
8 approved or designated by the Department as a condition, term,
9 or restriction for continued, reinstated, or renewed licensure
10 to practice. Submission to care, counseling, or treatment as
11 required by the Department shall not be considered discipline
12 of a license. If the licensee refuses to enter into a care,
13 counseling, or treatment agreement or fails to abide by the
14 terms of the agreement, the Department may file a complaint to
15 revoke, suspend, or otherwise discipline the license of the
16 individual. The Secretary may order the license suspended
17 immediately, pending a hearing by the Department. Fines shall
18 not be assessed in disciplinary actions involving physical or
19 mental illness or impairment.

20 In instances in which the Secretary immediately suspends a
21 person's license under this Section, a hearing on that
22 person's license must be convened by the Department within 15
23 days after the suspension and completed without appreciable
24 delay. The Department shall have the authority to review the
25 subject individual's record of treatment and counseling
26 regarding the impairment to the extent permitted by applicable

1 federal statutes and regulations safeguarding the
2 confidentiality of medical records.

3 An individual licensed under this Act and affected under
4 this Section shall be afforded an opportunity to demonstrate
5 to the Department that he or she can resume practice in
6 compliance with acceptable and prevailing standards under the
7 provisions of his or her license.

8 (Source: P.A. 100-872, eff. 8-14-18.)

9 Section 35. The Illinois Physical Therapy Act is amended
10 by changing Section 1 as follows:

11 (225 ILCS 90/1) (from Ch. 111, par. 4251)

12 (Section scheduled to be repealed on January 1, 2026)

13 Sec. 1. Definitions. As used in this Act:

14 (1) "Physical therapy" means all of the following:

15 (A) Examining, evaluating, and testing individuals who
16 may have mechanical, physiological, or developmental
17 impairments, functional limitations, disabilities, or
18 other health and movement-related conditions, classifying
19 these disorders, determining a rehabilitation prognosis
20 and plan of therapeutic intervention, and assessing the
21 ongoing effects of the interventions.

22 (B) Alleviating impairments, functional limitations,
23 or disabilities by designing, implementing, and modifying
24 therapeutic interventions that may include, but are not

1 limited to, the evaluation or treatment of a person
2 through the use of the effective properties of physical
3 measures and heat, cold, light, water, radiant energy,
4 electricity, sound, and air and use of therapeutic
5 massage, therapeutic exercise, mobilization, and
6 rehabilitative procedures, with or without assistive
7 devices, for the purposes of preventing, correcting, or
8 alleviating a physical or mental impairment, functional
9 limitation, or disability.

10 (C) Reducing the risk of injury, impairment,
11 functional limitation, or disability, including the
12 promotion and maintenance of fitness, health, and
13 wellness.

14 (D) Engaging in administration, consultation,
15 education, and research.

16 "Physical therapy" includes, but is not limited to: (a)
17 performance of specialized tests and measurements, (b)
18 administration of specialized treatment procedures, (c)
19 interpretation of referrals from physicians, dentists,
20 advanced practice registered nurses, physician assistants, and
21 podiatric physicians, (d) establishment, and modification of
22 physical therapy treatment programs, (e) administration of
23 topical medication used in generally accepted physical therapy
24 procedures when such medication is either prescribed by the
25 patient's physician, licensed to practice medicine in all its
26 branches, the patient's physician licensed to practice

1 podiatric medicine, the patient's advanced practice registered
2 nurse, the patient's physician assistant, or the patient's
3 dentist or used following the physician's orders or written
4 instructions, (f) supervision or teaching of physical therapy,
5 and (g) dry needling in accordance with Section 1.5. "Physical
6 therapy" does not include radiology, electrosurgery,
7 chiropractic technique, naturopathic technique, or
8 determination of a differential diagnosis; provided, however,
9 the limitation on determining a differential diagnosis shall
10 not in any manner limit a physical therapist licensed under
11 this Act from performing an evaluation and establishing a
12 physical therapy treatment plan pursuant to such license.
13 Nothing in this Section shall limit a physical therapist from
14 employing appropriate physical therapy techniques that he or
15 she is educated and licensed to perform.

16 (2) "Physical therapist" means a person who practices
17 physical therapy and who has met all requirements as provided
18 in this Act.

19 (3) "Department" means the Department of Professional
20 Regulation.

21 (4) "Director" means the Director of Professional
22 Regulation.

23 (5) "Board" means the Physical Therapy Licensing and
24 Disciplinary Board approved by the Director.

25 (6) "Referral" means a written or oral authorization for
26 physical therapy services for a patient by a physician,

1 dentist, advanced practice registered nurse, physician
2 assistant, or podiatric physician who maintains medical
3 supervision of the patient and makes a diagnosis or verifies
4 that the patient's condition is such that it may be treated by
5 a physical therapist.

6 (7) (Blank).

7 (8) "State" includes:

8 (a) the states of the United States of America;

9 (b) the District of Columbia; and

10 (c) the Commonwealth of Puerto Rico.

11 (9) "Physical therapist assistant" means a person licensed
12 to assist a physical therapist and who has met all
13 requirements as provided in this Act and who works under the
14 supervision of a licensed physical therapist to assist in
15 implementing the physical therapy treatment program as
16 established by the licensed physical therapist. The patient
17 care activities provided by the physical therapist assistant
18 shall not include the interpretation of referrals, evaluation
19 procedures, or the planning or major modification of patient
20 programs.

21 (10) "Physical therapy aide" means a person who has
22 received on the job training, specific to the facility in
23 which he is employed.

24 (11) "Advanced practice registered nurse" means a person
25 licensed as an advanced practice registered nurse under the
26 Nurse Practice Act.

1 (12) "Physician assistant" means a person licensed under
2 the Physician Assistant Practice Act of 1987.

3 (13) "Health care professional" means a physician,
4 dentist, podiatric physician, advanced practice registered
5 nurse, or physician assistant.

6 (Source: P.A. 99-173, eff. 7-29-15; 99-229, eff. 8-3-15;
7 99-642, eff. 7-28-16; 100-201, eff. 8-18-17; 100-418, eff.
8 8-25-17; 100-513, eff. 1-1-18; 100-863, eff. 8-14-18; 100-897,
9 eff. 8-16-18.)

10 Section 40. The Health Care Arbitration Act is amended by
11 changing Section 2 as follows:

12 (710 ILCS 15/2) (from Ch. 10, par. 202)

13 Sec. 2. Definitions. As used in this Act:

14 (a) "Health care provider" means a person, partnership,
15 corporation, or other entity lawfully engaged in the practice
16 of medicine, surgery, chiropractic, naturopathy, dentistry,
17 podiatry, optometry, physical therapy or nursing.

18 (b) "Hospital" means a person, partnership, corporation or
19 other entity lawfully engaged in the operation or
20 administration of a hospital, clinic, nursing home or
21 sanitarium.

22 (c) "Supplier" means a person, corporation, partnership or
23 other entity that has manufactured, designed, distributed,
24 sold, or otherwise provided any medication, device, equipment,

1 service, or other product used in the diagnosis or treatment
2 of a patient.

3 (d) "Health care arbitration agreement" or "agreement"
4 means a written agreement between a patient and a hospital or
5 health care provider to submit to binding arbitration a claim
6 for damages arising out of (1) injuries alleged to have been
7 received by a patient or (2) death of a patient, due to
8 hospital or health care provider negligence or other wrongful
9 act, but not including intentional torts.

10 (Source: P.A. 90-655, eff. 7-30-98.)

11 Section 99. Effective date. This Act takes effect upon
12 becoming law.

1

INDEX

2

Statutes amended in order of appearance

3	20 ILCS 3945/2	from Ch. 144, par. 2002
4	105 ILCS 5/24-6	
5	105 ILCS 5/26-1	from Ch. 122, par. 26-1
6	215 ILCS 5/122-1	from Ch. 73, par. 734-1
7	225 ILCS 60/2	from Ch. 111, par. 4400-2
8	225 ILCS 60/7	from Ch. 111, par. 4400-7
9	225 ILCS 60/8	from Ch. 111, par. 4400-8
10	225 ILCS 60/9	from Ch. 111, par. 4400-9
11	225 ILCS 60/10	from Ch. 111, par. 4400-10
12	225 ILCS 60/11	from Ch. 111, par. 4400-11
13	225 ILCS 60/14	from Ch. 111, par. 4400-14
14	225 ILCS 60/15	from Ch. 111, par. 4400-15
15	225 ILCS 60/16	from Ch. 111, par. 4400-16
16	225 ILCS 60/17	from Ch. 111, par. 4400-17
17	225 ILCS 60/18	from Ch. 111, par. 4400-18
18	225 ILCS 60/19	from Ch. 111, par. 4400-19
19	225 ILCS 60/22	from Ch. 111, par. 4400-22
20	225 ILCS 60/24	from Ch. 111, par. 4400-24
21	225 ILCS 60/33	from Ch. 111, par. 4400-33
22	225 ILCS 60/34	from Ch. 111, par. 4400-34
23	225 ILCS 61/5	
24	225 ILCS 63/25	
25	225 ILCS 63/110	

SB1951

- 90 -

LRB102 13813 SPS 19163 b

- 1 225 ILCS 90/1 from Ch. 111, par. 4251
- 2 710 ILCS 15/2 from Ch. 10, par. 202